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# SAPTA Bulletin

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A SUBSTANCE ABUSE PREVENTION TEAM ATLANTIC (SAPTA) PUBLICATION

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## Inside This Issue

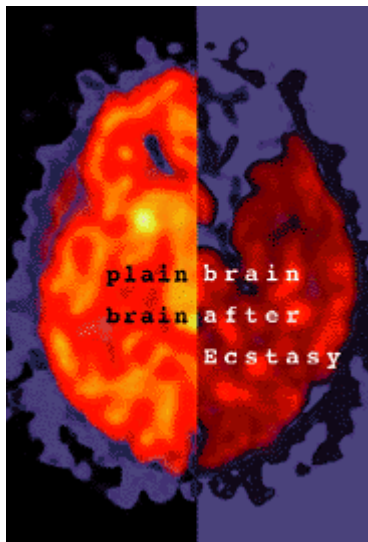
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## What's all the "Rave"?

If there was something that could make you feel confident, increase your energy, make touch more pleasurable, make you feel more sensual, more peaceful, gives you the feeling of being accepted by others and make you more accepting of others, would you want it? How about if it was free (initially)? It's an illegal drug, but word on the street is that it's pretty harmless, and the chances of getting caught are slim. The drug is called Ecstasy (AKA the love drug, the hug drug, X, E, and XTC), and for all the reason above and more, Ecstasy's popularity is skyrocketing. In fact, the newly released "2000 Monitoring the Future Survey" found that Ecstasy use increased 82% among 8<sup>th</sup> graders, 44% among 10<sup>th</sup> graders, and 46% among 12<sup>th</sup> graders.

### The facts about Ecstasy!

1. Ecstasy is illegal



2. It is an amphetamine-based drug. The Coast Guard tests for amphetamines.
3. It stimulates like cocaine and is psychedelic like mescaline.
4. It has been proven to cause long lasting and even permanent brain damage. Especially to the conscious thought and long term memory process
5. It is considered psychologically addictive.
6. Ecstasy is now being mixed with chemically addictive drugs like cocaine, heroin and LSD.
7. Side affects of ecstasy include: increased heart rate, increased blood pressure, extremely elevated body temperature (107-109), dehydration, loss of appetite, heart and kidney failure, muscle tension, involuntary teeth grinding(member might be using mouth guards), nausea, blurred vision, faintness, chills, sweating and DEATH.
8. Most effects last 3-6 hours, however, confusion, depression, sleep problems, anxiety, and paranoia have been reported to last for weeks.
9. A person can also build a tolerance to ecstasy; in other words, they need to take more of the drug to get the same high. This is extremely dangerous.
10. Ecstasy can be found at all night dance parties or clubs called RAVES. (They are usually non-alcoholic and they target the 16-21 year old crowd).
11. Ecstasy users senses are heighten by the combination of high tempo, high trance-inducing music (usually up to 240 beats per minute),

chemical light sticks and surgeons mask smeared with scented ointments such as vapor rub.

12. The street purchase price of ecstasy ranges from \$ 0-50 dollars.

Check out our wesite for more information on ecstasy and club drugs.

[www.uscg.mil/tcyorktown/SAPTA/](http://www.uscg.mil/tcyorktown/SAPTA/)

## April is Alcohol Awareness Month

*The good news: the latest surveys show there are more people choosing not to drink.*

*The bad news; there is still a major problem with underage drinking and binge drinking.*

Today's Coast Guard is faced with underage drinking and the unfortunate consequences of binge drinking.

### Underage drinking facts:

About 6.8 million Americans between ages 12-20 are "binge" drinkers (consuming 5 or more drinks a single occasion) including 2.1 million heavy drinkers (consuming 5 or more drinks per occasion on at least 5 different days in a week).

Approximately 8% of the nation's 8th graders, 24% of 10th graders and 32% of 12th graders have been drunk during the last month.

Use of alcohol and other drugs is associated with the leading causes of death and injury (e.g., motor-vehicle crashes, homicides, and suicides) among teenagers and young adults.

People who begin drinking before age 15 are four times more likely to develop alcoholism than those who begin at age 21.

Alcohol use is implicated in one- to two-thirds of sexual assault and acquaintance or "date" rape cases

The total cost of alcohol use by youth--including traffic crashes, violent crime, burns, drowning, suicide attempts, fetal alcohol syndrome, alcohol poisonings and treatment--is more than \$58 billion per year.

There is no doubt that people take risks they normally wouldn't when they are under the influences of drugs or alcohol. The impairment can have devastating results, especially when we have many drinks in a short period of time, as is the case with binge drinking. That is one reason why SAPTA offers another, safer way of drinking (for those who choose to drink), that we call "Riding the Wave."

"Riding the Wave helps drinkers avoid the pitfalls associated with alcohol abuse". To schedule a SAFE course and learn more about "Riding the Wave", and other techniques used to ensure that drinking is a relatively safe experience, commands may call SAPTA @ (757) 856-2087.

## Adolescent Alcohol Dependence May Damage Brain Function

*University of California at San Diego and VA Researchers Report First Finding*

**(SAPTA note: the following article highlights another unfortunate consequence of underage drinking.)**

A study in the February 2000 *Alcoholism: Clinical and Experimental Research* (Volume 24, Number 2) presents the first concrete evidence that protracted, heavy alcohol use can impair brain function in adolescents. It is unclear at present whether the damage is reversible. Supported by the National Institute on Alcohol Abuse and Alcoholism, a research team led by Sandra A. Brown, Ph.D., chief of psychology at the VA San Diego Healthcare System and professor of psychology and psychiatry at the University of California, San Diego, assessed neuropsychological function in thirty-three 15- and 16-year-old adolescents with more than 100 lifetime alcohol use episodes and without dependence on other drugs. The alcohol dependent teens were recruited from inpatient treatment programs and compared after a minimum of 3 weeks of abstinence with

twenty-four age, gender, socioeconomic status, and education-matched adolescents with no history of alcohol or other drug problems. Through structured clinical interviews corroborated by parent reports, the researchers assessed both groups for recent and lifetime involvement with alcohol and other drugs, alcohol or other drug disorders, and alcohol or other drug withdrawal symptoms. Both groups then participated in psychological tests of learning, memory, visuospatial functioning, language skills, problem solving, and attention. "Significant brain development continues through adolescence," said Dr. Brown. "For example, certain brain nerve cell connections disappear up until about age 16 as a function of environmental stimulation and redundancy, and cerebral metabolic rates increase in childhood, then taper toward adult levels by about age 20. Thus, alcohol may have quite different toxic effects on adolescent brains than on those of adults." But, while adolescent neurological and cognitive development may be disrupted, altered or impeded by exposure to alcohol, young brains have more resilience and more opportunities for compensatory development, Dr. Brown added. Dr. Brown and her colleagues found several differences in memory function between the alcohol dependent and the control adolescents. Adolescents who had drunk heavily over time scored lower on verbal and nonverbal

retention in the contexts of intact learning and recognition discriminability. Recent alcohol withdrawal was associated with poor visuospatial functioning, while lifetime alcohol withdrawal was associated with poorer retrieval of verbal and nonverbal information. The study has several limitations, the authors point out: An example is that longitudinal studies will be required to determine the direction of the alcohol and neurocognitive relationship. "While protracted alcohol involvement may cause neuropsychological impairment, it also is probable that cognitive deficits are a risk factor for alcohol disorders," said Dr. Brown. In addition, the use of other drugs may have affected cognitive performance. "None of our heavy drinking adolescents was dependent on other drugs, although all reported some exposure, especially to marijuana and stimulants. On the basis of animal research by others, we would expect that heavy alcohol use alone can produce behavioral abnormalities in humans." "This work is an important step toward confirming what many scientists have suspected for some time," said NIAAA Director Enoch Gordis, M.D. "Certainly, it raises important questions for researchers and, if borne out by additional studies, for young people, parents, educators, and policy makers." "Of course, other consequences associated with underage drinking—interference with learning, social, other

competencies, fatal traffic crashes, unintentional injuries, homicide, suicide, and early, more frequent, and less safe sexual activity—already are well known. Initiatives to keep youth alcohol free and define research-based interventions for college drinking are current NIAAA priorities."

"Our youth are an especially vulnerable part of America's alcohol problem," said Dr. Gordis. "It is time that we face underage drinking head on." Coauthors of the study are Susan F. Tapert, Ph.D., Eric Granholm, Ph.D., and Dean C. Delis, Ph.D., Psychology Service, VA San Diego Healthcare System and Department of Psychiatry, University of California, San Diego. The Veterans Medical Research Service and the National Institute of Mental Health contributed additional support for the study. For an interview with Dr. Brown, contact (telephone) 858/822-1887. For an interview with Dr. Gordis, contact NIAAA Press (telephone) 301/443-3860. For additional alcohol research information and publications, visit <http://www.niaaa.nih.gov>.

## Cool Links

1. **Alcohol Alerts:** Print and post a new one each month! Find them here...  
<http://silk.nih.gov/silk/niaaa1/publication/alalerts.htm>
2. **On-Line Diagnosis-Substance Related Disorders:** An interactive test where one can answer some questions and get an “unofficial” diagnosis online instantly. A good eye opener for the “fence sitter” and those who are simply curious about their own relationship with substances with potential for addiction.  
<http://www.mentalhealth.com/fr71.html>
3. **Prevention Plans:** This is a CSAP and SAMSHA site with a “tool” that takes one step by step through considerations in prevention planning. Assess your needs and resources here:  
<http://www.preventiondss.org/>
4. **Facts on Binge Drinking:**  
<http://www.nasulgc.org/bingedrink/bingefacts.pdf>
5. **Another Empty Bottle:** A support site for the friends, family, and alcoholics. Lots of great links!  
<http://www.alcoholismhelp.com/help/>

SAPTA Bulletin is a quarterly electronic publication produced for Collateral Duty Addictions Representatives and their commands. Editorial content is unofficial and not authority for action. Views and opinions expressed do not necessarily reflect those of the Coast Guard.

Future editions may include letters to the editor. Letters to the editor allow readers to comment on alcohol and drug related issues facing the Coast Guard. Please limit remarks to 100 words or less. No names will be withheld. Provide rank, first and last names, phone number and unit. Send comments/letters to [rgrigg@tcyorktown.uscg.mil](mailto:rgrigg@tcyorktown.uscg.mil) or fax to (757) 856-2077.

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